Docket No.: 107412

## APPLICATION FOR UNITED STATES PATENT TRANSPORTED TRANSPORTER APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

	believe I am the original, first and sole inventor (s are named below) of the subject matter which is telay		•
		· ·	呈及
	med in the specification:		草型门
Check one *a. [	attached hereto.		Se Pos Hi
	filed on October 25, 2000 as Application No. (	99/694,988 and amended on (if appl	icable). RECEIVED and including therefaims, as
amended by any a	y state that I have reviewed and understand the mendment referred to above.		20,
	wledge the duty to disclose to the Office all informategulations, §1.56.	nation known to me to be material to patent	ability as defined in Title 37,
	Title 35, U.S. Code §119, the priority benefits of by me or my legal representatives or assigns w		
Japanese Patent A	pplication No. 322434/1999 filed on November 1	2, 1999;	
Japanese Patent A	pplication No. 322435/1999 filed on November 1	2, 1999;	
Japanese Patent A	pplication No. 272907/2000 filed on September 8	, 2000;	
and Japanese Pate	nt Application No. 272908/2000 filed on Septemb	per 8, 2000.	
States of America	lowing application(s) for patent or inventor's cereither (a) more than one year prior to this application (b). United States provisional application(s):		
	y appoint the following as my attorneys of rec transact all business in the Patent Office:	ord with full power of substitution and	revocation to prosecute this
	Kirk M. Hudson, Reg. No. 27,562 Edward P. Walker, Reg. No. 31,49 Mario A. Costantino, Reg. No. 33, Joel S. Armstrong, Reg. No. 36,430;	William P. Berridge, Reg. No. 30,024; Thomas J. Pardini, Reg. No. 30,411; 60; Robert A. Miller, Reg. No. 32,771; 565; Stephen J. Roe, Reg. No. 34,463; Christopher W. Brown, Reg. No. 38,025; 60; and Paul Tsou, Reg. No. 37,956.	
ALL CORRESP PLC, P.O. BOX	ONDENCE IN CONNECTION WITH THIS 19928, ALEXANDRIA, VIRGINIA 22320, TEI	APPLICATION SHOULD BE SENT T LEPHONE (703) 836-6400.	TO OLIFF & BERRIDGE,
own knowledge a were made with the	declare that I have reviewed and understand the re true and that all statements made on information the knowledge that willful false statements and the last of the United States Code and that such withereon.	on and belief are believed to be true; and e like so made are punishable by fine or i	further that these statements mprisonment, or both, under
pewritten Full Na			
First or Sole Inve			FUNAYAMA
Inventor's Signatui	Given Name	Middle Initial	Family Name
Date of Signature:		1 10. 2002	
Residence:	Month Ohtawara-shi	Day	Year Japan
	City	State or Brayings	
Citizenship:_	Japanese City	State or Province	Country
	Post Office Address: (Insert complete	, LTD.	

including country)

1843-6 Aza Higashiyama, Kamiishigami, Ohtawara-shi, Tochigi 324-0037 JAPAN

<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.



## PAGE 2 OF U.S.A. DECLARATIO ORM (Discard this page in a sole inventor application)

Typewritten Full Name of Second Joint Inventor (if any) Hiromitsu SATO Given Name Middle Initial Family Name Hiromitsu \*\*Inventor's Signature:\_ Sato \*\*Date of Signature: Month Day Year Residence: Ohtawara-shi **JAPAN** City State or Province Country Citizenship: Japanese Post Office Address: (Insert complete c/o TAIKO DEVICE, LTD. mailing address, including country) 1843-6 Aza Higashiyama, Kamiishigami, Ohtawara-shi, Tochigi 324-003 Typewritten Full Name of Third Joint Inventor (if any) Given Name Middle Initial \*\*Inventor's Signature:\_ \*\*Date of Signature: Month Day Year Residence: City State or Province Country Citizenship:\_ Post Office Address: (Insert complete mailing address, including country) 1 Typewritten Full Name of Fourth Joint Inventor (if any) Given Name Middle Initial Family Name \*\*Inventor's Signature:\_ \*\*Date of Signature: Month Day Year Residence: City State or Province Country Citizenship:\_ Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any) Given Name Middle Initial Family Name \*\*Inventor's Signature: \*\*Date of Signature: Month Day Year Residence: City State or Province Country Citizenship:\_ Post Office Address: (Insert complete mailing address, including country)

\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.